

CLAIMANT'S NAME Cindy Tuck				SSN OR EMPLOYEE NUMBER On file				DEPARTMENT Cal/EPA						
POSITION Undersecretary		CB/ID NUMBER		DIVISION OR BUREAU Office of the Secretary				INDEX NUMBER						
RESIDENCE ADDRESS				HEADQUARTERS ADDRESS 1001 I Street, P.O. Box 2815				TELEPHONE NUMBER						
CITY		STATE		ZIP CODE		CITY Sacramento		STATE CA		ZIP CODE 95814				
(1) MONTH/YEAR Feb-10	(2)	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
				BREAK-FAST	LUNCH	O.T./L.T, NC, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES			AMT
2/5	1400	Sacramento - San Francisco							4.00	89.0	44.50		48.50	
2/5		cont'd	156.00			18.00				28.50		0.00	202.50	
2/6	1800	San Francisco - Sacramento		6.00	10.00					6.00	89.0	44.50	66.50	
											0.00		0.00	
2/24	700	Sacramento - San Francisco								20.00		0.00	20.00	
	1500	San Francisco - Sacramento								4.00		0.00	4.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(10) SUBTOTALS			156.00	6.00	10.00	18.00	0.00	0.00	0.00	62.50	178.0	89.00	341.50	
CLAIM TOTAL											\$	341.50		
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)														
2/5 Attended EPA Region 9 event honoring Laura Yioshii, Deputy Regional Administrator. (2-\$4 & 1-\$6 toll charges - no receipts) Used valet parking as she needed to get checked in to make the event. Valet parking here was less than what hotels are charging for all parking (\$45-\$50) in San Francisco. 2/6 Met with NPS re: Environmental Council of States Spring Meeting. 2/24 spoke at inaugural meeting of the California-China CleanTech (C3) Initiative.														
(12) NORMAL WORK HOURS		AGENCY ACCOUNTING OFFICE USE ONLY												
(13) PRIVATE VEHICLE LICENSE NO.														
(14) MILEAGE RATE CLAIMED \$ 0.500														
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER														
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.														
(16) CLAIMANT'S SIGNATURE <div></div>			DATE <div></div>		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <div></div>				DATE <div></div>					
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) <div></div>											DATE <div></div>			